

SPECIAL NOTE REGARDING PETITION OF QUALIFIED VOTERS FORM

The Petition of Qualified Voter form is a two page document that should be printed on 8 ½" x 14" paper. When you print this form, it should be printed front and back on one 8 ½" x 14" sheet of paper. When reproducing this document, it must be reproduced the same way. The front of the form contains line numbers 1 through 12; the back of the form contains line numbers 13 through 26 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 14" printed back and front, then call our office at 800-552-9745 and we will be glad to send you the form.

COMMONWEALTH OF VIRGINIA
PETITION OF QUALIFIED VOTERS FOR PRESIDENTIAL PRIMARY

WHEN A CONGRESSIONAL DISTRICT INCLUDES MORE THAN ONE COUNTY OR CITY, USE A SEPARATE PETITION FORM FOR QUALIFIED VOTERS IN EACH COUNTY OR CITY IN THE CONGRESSIONAL DISTRICT. Enter congressional district no. here:

We, the qualified voters of in the Commonwealth of Virginia signed hereunder or on the reverse side of this page, do hereby petition that the name of a person who is seeking the nomination for President of the United States of the DEMOCRATIC PARTY OR REPUBLICAN PARTY be placed on the ballot in the Presidential Primary Election to be held on February 10, 2004.

Petitions may be filed either by the above-named candidate or his designated representative or by a group organized in Virginia on behalf of the above-named candidate. They must be filed with the State Board of Elections, 200 N. 9th Street, Suite 101, Richmond VA 23219-3497 no later than 5:00 p.m. on Friday, December 12, 2003 and must be accompanied by the consent/declaration form signed, under oath, by the candidate.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN, INDICATES YOUR INTENT TO PARTICIPATE IN THE PRIMARY OF THE SAME POLITICAL PARTY AS THE ABOVE-NAMED CANDIDATE BUT DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House No. & Street Name or Rural Route & Box No. & City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
1.	SIGN			
	PRINT			
2.	SIGN			
	PRINT			
3.	SIGN			
	PRINT			
4.	SIGN			
	PRINT			
5.	SIGN			
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10.	SIGN			
	PRINT			
11.	SIGN			
	PRINT			
12.	SIGN			
	PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE.

*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must be a person who either is, or who is eligible to be, a qualified voter of the Commonwealth of Virginia. The circulator also must swear or affirm in the affidavit that s/he personally witnessed the signature of each voter.

SBE-545 REV 7/03

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER IN VIRGINIA AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN, INDICATES YOUR INTENT TO PARTICIPATE IN THE PRIMARY OF THE SAME POLITICAL PARTY AS THE CANDIDATE NAMED ON THE REVERSE SIDE BUT DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

OFFICE USE ONLY ▼	SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House No. & Street Name or Rural Route & Box No. & City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
13.	SIGN			
	PRINT			
14.	SIGN			
	PRINT			
15.	SIGN			
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16.	SIGN			
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25.	SIGN			
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26.	SIGN			
	PRINT			

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____;

(ii) I am, or I am eligible to be, a registered and qualified voter in the County/City of _____;
(iii) I am qualified, or eligible to be qualified, to vote for the office for which this petition is circulated; and (iv) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that the penalty for falsely signing this affidavit is a maximum fine of \$2500 and/or confinement for up to ten years.

[▼ REQUIRED]

SIGNATURE OF PERSON CIRCULATING PETITION

CIRCULATOR'S SOCIAL SECURITY NO.

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.

My commission expires on _____.

NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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SBE-545 REV 7/03